# RAJYA SABHA

*Wednesday, ihe 12th March,* 1986/ 21 *Piialguna,* 1907 *(Saka)*

The House met at eleven of the clock, Mr. Chairman in the Chair.

## ORAL ANSWERS TO QUESTIONS

### Meeting of the State Health Ministers

*24i. SHRI SURESH PACHOURI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether a two day meeting of the State Health Ministers was held on the 23rd December, 1985;

(b) if so, what were the subjects discussed at the meeting ; and

(c) what were the decisions taken at the meeting ?

THE DEPUTY MINISTER IN 'TIE DEPARTMENT OF FAMILY VELFARE (SHRI S. KRISHNA KUM\R) : (a) Yes, Sir.

(b) and (c) The main purpose of the meeting was to deliberate on how to improve the implementation of the Family Welfare Programme. The major issues discussed relate to : strengthening of infrastructure and its better utilisation; improving quality of services; securing larger involvement of non-Government organis-sations; expanding immunisation co-verage; and, improving programme management. The consensus at the meeting was that focussed attention on all the se are as will lead to improved programme performance.

**श्री सुरेश पचौरी** : सभापति जी, मैं सरकार से यह जानना चाहता हूं कि क्या यह सही है कि रूरल एरियाज में मैडिकल फैसिलिटीज को मद्दे नजर रखते हुये हर राज्य में अधिक से अधिक एम० टी० पी० सेंटर्स हो सकें, इसलिये क्या इस मीटिंग में यह निर्णय लिया गया था कि हर राज्य में अधिक से अधिक प्राइमरी हैल्थ सैन्टर्स खोले जायें और उन प्राइमरी हैल्थ सैन्टर्स में कम से कम एक ऐसा डाक्टर रखा जाये जो वैसेक्टमी और एम०टी०पी० आदि में ट्रेंड हो ?

MR. CHAIRMAN : The hon. Member has committed... Just stop. You should not cross the speaker and the Chairman: please take note. You must observe some conventions in the House.

DR. RUDRA PRATAP SINGH: I am sorry, Sir.

**श्री सुरेश पचौरी** : माननीय सभापति जी, मैं माननीय मन्त्री जी से यह पूछ रहा था कि इस मीटिंग में लिये गये निर्णयों की दिशा में मध्य प्रदेश में कितने प्राइमरी हैल्थ सैन्टर्स खोले गये और उनमें कितने ट्रेन्ड डाक्टर्स रखे गये हैं ? इस दिशा में मध्य प्रदेश में क्या कदम उठाये गये हैं ?

SHRI S. KRISHNA KUMAR : Sir, one of the items on the agenda of the meeting was a review of the progress of implementation' of infra-structural programmes including Primary Health Centres and Sub-Centres. The Madhya Pradesh Government had raised seven mjor points in relation to the bottlenecks faced by the Government in the programme. I cannot say offhand how many Primary Health Centres were opened immediately after the meeting because only two months have elapsed.

**श्री सुरेश पचौरी** : मान्यवर, जो इफैक्टिव कपल प्रोटेक्शन की छठी पंचवर्षीय योजना में स्कीम थी उसका जो टारगेट फिक्स किया गया था उसमें कमी आई थी। टारगेट तो 32.6 परसेंट फिक्स किया गया था, लेकिन इफैक्टिव कपल प्रोटेक्शन 32 परसेंट हुआ था। मैं यह जानना चाहता हूं कि इस टारगेट की कमी का क्या कारण है और इस दिशा में सरकार ने क्या कदम उठाये हैं ? साथ ही मैं यह भी कहना चाहता हूं कि माननीय मन्त्री जी ने अपने

उत्तर में बताया है कि वे इसमें गैर-सरकारी संस्थाओं का भी अधिक से अधिक सहयोग लेना चाहते हैं। मैं इस दिशा में उनसे यह जानना चाहता हूं कि गैर-सरकारी संगठन वे किन को मानते हैं, उनकी परिभाषा क्या है, कृपया बताएं ?

SHRI S. '(KRISHNA KUMAR : Sir, the hon. Member is correct to the extent that achievements in the Family Welfare Programme during the Sixth Plan fell 'marginally short of the prescribed targets. For ins-stance, in sterilization, only 79.1 percent was achieved, 1UD—81.7 per cent, condom and oral pill uses 83.6%. To that extent the target realization was short of our expectations. That is the reason why couple protection rate reached only 32 as against the prescribed 33. Sir, non-Governmental organisations include voluntary organi-zations, cooperative societies, private companies—any organisation which is not subject to direct control of the Government.

PROF. C. LAKSHMANNA : Mr. Chairman, Sir, I would like to ask the Minister whether at the said meeting there was a discussion on injectables as a method of family welfare. Did the meeting take into consideration the four reports that have been prepared by the ICMR on injectables If that is the case, what is the. decision of the conference regarding injectables as a method of family planning.

SHRI S. KRISHNA KUMAR : In the said conference, Dr. Rama-lingaswami, the Chairman of the ICMR, explained to the participants the progress of the various new technologies being developed for contracep-tion in the Family Welfare Programme. *Inter alia,* the progress of injectables for contraception was discussed. The ICMR is conducting field trials on inj ^ctables. These injectables give protection for three to four months, and only after the results of the trials become available will we be able to introduce this method into the programme.

DR. H. P. SHARMA : Sir, is the Government aware, and aware it must be, that half of the population of 1 country consisting of men as against women have practically opted themselves out of the family planning programme, and the family planning programme is being carried on 1 shoulders of women of all practical purposes. I am referring to the permanent solution of vasectomy etc. as aganist the *ad hoc* use of Nirodh etc. Sir, my question is : will the Government inform this House what the percentage of men coming forward is for vasectomy as compared to women and what does the Government propose to do to bring men, so to say, in the main stream of family planning by offering newer incentives or disincentives ?

SHRI S. KRISHNA KUMAR : Sir, the hon. Member is entirely correct in his assessment to the situation. As the programme stands at present, of the, total sterilisations performed only 15 per cent constitute vasectomy and 85 per cent are tubec-tomy and leproscopy. But taking the programme as a whole, during the last 35 years, of the total 48 million sterilisations conducted, 25 million are vasectomy and 23 million are sterilisation of women. This shift towards tubectomy is a recent phe-nomenon. The Ministry is aware of this, and we are going to launch special campaigns for popularising vasectomies. Men also use spacing methods like condoms, and the off-take of condoms is increasing.

DR. H. P. SHARMA : About disincentives I asked.

MR. CHAIRMAN : Incentives and disincentives are you offering any ?

SHRI S. KRISHNA KUMAR : Sir, no disincentives are under the consideration of the Government of India. We will concentrate only incentives in order to keep the programme purely voluntary.

श्री जगदम्बी प्रसाद यादव : मान्यवर, परिवार कल्याण कार्यक्रम राष्ट्रीय स्तर पर स्वीकार हो, इसको सिर्फ केन्द्रीय सरकार का स्वास्थ्य मन्त्रालय ही नहीं बल्कि सभी मंत्रालय और राज्य सरकारें के भी सभी मंत्रालय स्वीकार करें और अपने क्षेत्र में इस काम को करें, यह भारत सरकार की बहुत पुरानी पालिसी रही है । लेकिन यह अभी तक इम्पलीमेंट नहीं हो रही है । तो मैं मंत्री महोदय से जानना चाहता हूं कि . यह मंत्रियों की जो बैठक हुई क्या उसमें स्वास्थ्य मंत्रालय ने इस विचार को परिपक्व ढंग से रखा था तथा क्या इसको कार्यान्वित कराने की कोई स्कीम, कोई योजना बनाई थी और उसको फालो-अप करने की क्या कोई व्यवस्था की गयी है ?

SHRI S. KRISHNA KUMAR :
Sir, the very purpose of this meeting was to energise the programme in all its aspects with the co-operation of the State Government. This is a totally Centrally-funded programme. But this is a State subject, and it is being implemented by the State Governments. The view of the Member that the programme has not been successful is not correct. It has been estimated that we have been able to prevent or avert about 7 crore births in the country clue to the intervention by the Government through the programme. Had it not been for the programme, our population would have been 81 crores now as against 74 crores at present. We have taken a series of intiatives to improve the programme performance and I would like to mention to the Member that this year's performance is 30 to 40 per cent above in all method of family planning compared to last year, and we are going to achieve 90 per cent of the target of sterilisation and more than 100 per cent of all the other methods and a record number of acceptors this year signally be the highest watershed in the programme since its inception.

**Vacant Posts in JIPMER, Pondichery**

*242 DR. SHYAM SUNDAR MOHAPATRA :
SHRIV. GOPALSAMY:!

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the reply to Starred Question 15 given in the Rajya Sabha on the 14th March, 1985 and State :

(a) what is the number of posts lying vacant in the Jawaharlal Nehru Institute of Post-Graduate Medical Education and Research, Pondi-cherry at present ;

(b) what is the date from which they have been lying vacant; and

(c) what steps have been taken to fill up these posts ?

THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI S. KRISHNA KUMAR) : (a) 47 medical (Group A) and 13 non-medical Group 'A' and 'B' posts are vacant at present in Jawaharlal institute of Post-Graduate Medical Education and Research, Pondicherry.

(b) A statement is laid on the Table of the Sabha *[See* Appendix CXXX-VII, Annexure No. 22]

(c) Selections to the posts through the U. P. S. G. and the Departmental Promotion Committee which are the prescribed methods of recruitment is being taken on top priority basis.

SHRI V. GOPALSAMY :
The statement laid on the Table of the House shows that 56 posts are lying vacant. Twelve posts of Professor, 19 posts of Associate Professors and 27 posts of Assistant Professors are lying vacant. Some of the posts are lying vacant for more than seven, eight or even ten years. The post of Professor of Paediatrics is lying vacant for the last eight years while the post

†The question was actually asked on the floor of the House by Shri V. Gopalsamy.